

FALL FOLIAGE TRAIN RIDE



Join us on **Sunday, October 21, 2012** as we travel to Clifton Forge, Virginia via motorcoach and then take the Amtrak to Charlottesville, Virginia. You will enjoy the panoramic views of the Fall Foliage while on the motorcoach and the train. In Clifton Forge you will visit the new Heritage Center and learn their history of the railroad with C&O Historical Society. You will see the archives, photos, diagrams and the rolling stock from the history of the C&O Railroad that is housed there. We will provide you with lunch that day from the Roanoker. Downtown Clifton Forge will also be having their Fall Foliage Festival. The train takes you through scenic Goshen Pass, Staunton and across Afton Mountain. This is one of the most scenic routes on the C&O line. Once the train arrives in Charlottesville our bus will pick us up and take us into downtown Charlottesville for a visit.

- Price Per Person:** \$99. Seats on the bus are assigned in order payment is received.
- Price Includes:** Roundtrip motorcoach transportation, ticket on the Amtrak from Clifton Forge to Charlottesville, visit to C&O Railroad Heritage Center and Archives, a ride on the museum train, boxed lunch from the Roanoke served on Gatsby's Tavern Dining Car in Clifton Forge and a tour host.
- Date:** Sunday, October 21, 2012
- Departure:** The bus will depart at 7:00am from the Clearbrook Walmart on Route 220 and at 7:30am from the Bonsack Walmart on Route 460. Return time is around 8:30pm.
- Cancellation Policy:** The trip is based on a minimum amount of paid participants by September 5, 2012. If we should cancel the trip a full refund will be given. If you cancel prior to September 5th a refund less \$36 will be issued. After September 5, 2012 there will be no refunds.
- RESERVATIONS:** Send the completed registration form below along with a check for \$99.00 per person made payable to **Roanoke Tours, Inc.** to Franklin County Parks & Recreation at 2150 Sontag Road Rocky Mount, VA 24151.

For further information call Ernie Dale at 540-366-2888 or erniedale@aol.com

**Franklin County Parks and Recreation Registration
and Liability Waiver Form – 2012 Fall Foliage Train Ride**

Name _____ Age _____
_____ Age _____
_____ Age _____
_____ Age _____

Mailing Address _____

City _____ Zip _____

Email Address _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Number of Reservations: _____ x \$99.00 = \$ _____ (amount enclosed)

I understand the importance of following all rules and regulations relating to this activity, including the instructions of the person/or persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity is to take place. I agree to follow and comply with all such rules, regulations, instructions, and/or requirements.

I understand that it is important that I be in good physical condition when I agree in the activity, and understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

I hereby expressly assume the risk of any physical injury or other loss that I might sustain as the result of participating in this activity and any transportation related thereto. I further understand that there may be risk of injury in traveling to and from the area where the activity will take place.

I also expressly waive and covenant not to sue on any claim I might have against the County of Franklin, or any officer or employee of the County, or any volunteer, or the estate or representatives of such persons for any personal injury or loss that I might sustain as the result of engaging in any activity relating to this program whether caused by negligence, breach of contract, or otherwise: except that this waiver shall not apply to any claim I might have against the County (or its agents) for any such personal injury or loss I might sustain arising out of gross or wanton negligence of any such person or entity. **I also give permission to be photographed and used in any form of publication to promote Franklin County Parks and Recreation.**

Signature of Parent / Guardian _____
(if participant is under 18 years of age)

I have the following physical impairments or medical conditions, including allergic reactions:

Current medications that participant is taking now:

Name of Emergency Contact: _____

Emergency Contact Phone Number: _____